


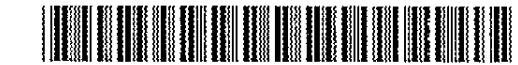
**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005926 1. Entity Name COMMUNITY BACK TO SCHOOL BASH, INC.	
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Principal Place of Business 1712 2ND AVE N LAKE WORTH, FL 33460	Mailing Address 1712 2ND AVE N LAKE WORTH, FL 33460
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DO NOT WRITE IN THIS SPACE



03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1141522	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERTISCH, HARREEN 423 FERN STREET 200 WEST PALM BEACH, FL 33401

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000077634 03/05/04-80051-007 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIPPETT, WENDY 1712 2ND AVE N LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWINDLER, JULIE 1720 E TIFFANY DR SUITE 101 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERTISCH, HARREEN 423 FERN ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POSTI, KRISTEN 4964 WEDGEWOOD WAY WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: Harreen Bertisch **Harreen Bertisch** 3/2/04 655.8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date